

Notification of the Use of Pesticides

(This notice should be received at least 72 hours prior to pesticide use)

Date: _____

To: Parents/guardians of students, and staff of [insert name of school]

From: The School IPM Coordinator: _____ Phone Number: _____

This notice is to advise you that the following pesticides will be used at [insert name of school]:

Pesticide Common Name	Pesticide Trade Name	EPA Registration Number
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Location of the pesticide application: _____

Reason for the pesticide application: _____

If an indoor application, the date and time it is planned:

DATE _____ TIME _____

If an outdoor application, 3 dates must be listed, in chronological order, on which the outdoor application may take place if the preceding date is canceled.

DATE _____ DATE _____ DATE _____

Description of the possible adverse effects of the pesticides as per the Material Safety Data Sheets for the pesticides to be used, if available:

Pesticide product label instructions and precautions related to Public Safety.

Note: as required by law, we are advising you of the following statement:

*The Office of Pesticide Programs of the United States Environmental Protection Agency has stated:
“Where possible, persons who potentially are sensitive, such as pregnant women, infants, and children, should avoid any unnecessary pesticide exposure.”*